

**EDGECOMBE COUNTY HEALTH DEPARTMENT**

Karen Lachapelle, Health Director

**ARCHITECTURAL PLAN REVIEW APPLICATION  
POOL & SPA PLANS**

\$200.00 Application Fee Included with each pool plan

DATE: \_\_\_\_\_

NAME OF POOL/SPA: \_\_\_\_\_

SITE LOCATION/STREET ADDRESS: \_\_\_\_\_

CONTACT PERSON/TITLE: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

POOL CONTRACTOR NAME: \_\_\_\_\_

POOL CONTRACTOR ADDRESS: \_\_\_\_\_

CONTRACTOR PHONE NUMBER: \_\_\_\_\_

LICENSE NUMBER: \_\_\_\_\_

PLANS SUBMITTED BY: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**GENERAL INFORMATION**

**TYPE:** SWIM POOL                      WADING POOL      SPA      OTHER      (Circle One)

**CONSTRUCTION:**              NEW              RENOVATION              REPAIR              (Circle One)

**WATER SUPPLY:** MUNICIPAL              WELL WATER              (Circle One)

**SEWAGE DISPOSAL:**      MUNICIPAL              SEPTIC TANK              (Circle One)

**ELEVATIONS & SPECIFICATIONS SUBMITTED**

(Check all that apply)

PUMP ROOM PLAN \_\_\_\_\_

SITE PLAN \_\_\_\_\_

FINISH SCHEDULES \_\_\_\_\_

FENCING PLAN \_\_\_\_\_

VENTILATION PLAN \_\_\_\_\_

EQUIPMENT SPECIFICATIONS \_\_\_\_\_

PLUMBING PLAN \_\_\_\_\_

CHEMICAL STORAGE ROOM PLAN \_\_\_\_\_

FLOW SPECIFICATIONS \_\_\_\_\_

LIGHTING PLAN \_\_\_\_\_

BATH/SHOWER PLAN \_\_\_\_\_

EQUIPMENT CUT SHEET \_\_\_\_\_

A set of plans need to be submitted to Building Inspections